

**STATE OF SOUTH DAKOTA  
AUTHORIZATION OF RELEASE OF INFORMATION**

**For Reference Checks**

TO WHOM IT MAY CONCERN:

I have applied for a position with the State of South Dakota. I authorize investigation of all information as may be necessary in arriving at an employment decision. I authorize the State of South Dakota, or its representatives, to contact any professional reference, current or former employer, education-provider, or other collateral source for job-related information. I release the organizations and individuals supplying such information from any and all liability or damages for providing the information requested.

A photocopy or fax of this authorization shall be as valid as the original. This authorization expires 60 days from the date of my signature.

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Signature

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Name (Please Print)

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Social Security Number

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Date